

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/284,180

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4		3				
5	1					
6		1				
7		1				
8		35				
9		50				
10		35				
11		30				
12		33				
13		30				
14		34				
15		1				
16		1				
17		50				
18		3				
19		3				
20		3				
21		40				
22		3				
23		40				
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48						
49						
50						
TOTAL IND.	4				10	
TOTAL DEP.	58				20	
TOTAL CLAIMS	62					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52		1				
53	1					
54		1				
55		13				
56						
57						
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95						
96						
97						
98						
99						
100						
TOTAL IND.	2					
TOTAL DEP.	15					
TOTAL CLAIMS	47					